



TOWN OF ASHBURNHAM

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Ashburnham, Massachusetts 01430*

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OFFICE OF THE TOWN CLERK

Date request mailed

[Records Access Officer
Name of Municipality or Agency
Address of Municipality or Agency
City, State, Zip Code]

Re: Massachusetts Public Records Request

Dear _____:

This is a request under the Massachusetts Public Records Law (M. G. L. Chapter 66, Section 10). I am requesting that I be provided a copy of the following records:

[Please include a detailed description of the information you are seeking.]

I recognize that you may charge reasonable costs for copies, as well as for personnel time needed to comply with this request.

The Public Records Law requires you to provide me with a written response within 10 business days. If you cannot comply with my request, you are statutorily required to provide an explanation in writing.

Sincerely,

Your Name
Contact Information (address, email, telephone)